

Improving Women's Education Improves Maternal Health: Evidence from Peru

Abigail Weitzman

INTRODUCTION

Maternal mortality in Peru declined over 70 percent between 1990 and 2015, from approximately 250 deaths per 100,000 live births to 70 deaths per 100,000 live births. Women's education levels simultaneously rose over the same period. This brief indicates that Peruvian women's rising education levels contributed to falling maternal mortality rates by reducing the risk of maternal complications and increasing the use of modern contraception and reproductive healthcare. More education also led to an increase in economic resources and autonomy over healthcare decisions.

Women's education by providing improved cognitive skills, greater economic resources, and greater autonomy—is theorized to protect maternal health through two main mechanisms. First, education influences fertility practices, such as contraceptive use and extending birth intervals, that minimize the risk of pregnancy complications as a result of unwanted pregnancies and short intervals between births. Second, education increases women's access to and use of healthcare during pregnancy and at the time of delivery, when health conditions can be detected and treated to improve pregnancy outcomes.

In 1993, the Peruvian government raised compulsory schooling from six to eleven years. Taking advantage of this policy change, the author employed instrumented regression discontinuity models to compare women who were just above the age cutoff and had already completed their required education in 1993 to those who were just below the age cutoff and were therefore required to continue their schooling. These women were interviewed during one of the Peruvian Demographic and Health Surveys (DHS) that took place between 2003 and 2009, when they were 23 to 30 years old.

POLICY IMPLICATIONS

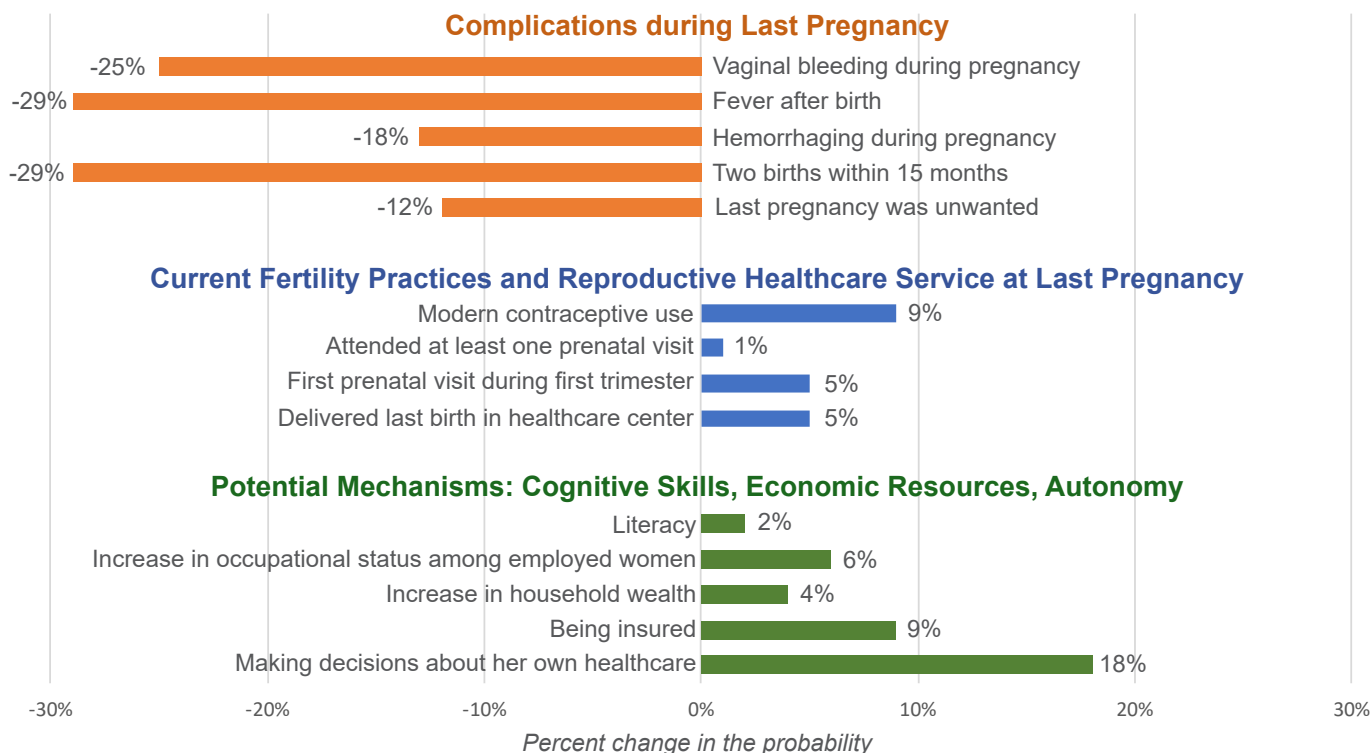
Improving access to schooling for women and girls yields long-term health benefits, especially for reproductive and maternal health. Moreover, because investments in women's education are also investments in women's health, they can lead to financial benefits. These benefits include a healthier population—and workforce—which in turn lead to lower public expenditure spent on medical emergencies as well as gains in the economic and social potential of women who might otherwise have died or become injured as a result of pregnancy or childbirth.

KEY FINDINGS

Increasing women's education in Peru...

- > reduced the risk of several maternal complications: the risk of fever during the pregnancy and during the postpartum period, as well as the risk of vaginal bleeding during pregnancy.
 - > increased the use of modern contraception, which in turn reduced women's likelihood of short birth spacing or reporting an unwanted pregnancy.
 - > increased the use of prenatal healthcare and the probability of delivering in a healthcare center.
 - > increased women's enrollment in health insurance plans and in decisions regarding their own healthcare.
- (see figure)

INCREASING WOMEN'S EDUCATION BY ONE YEAR PREDICTS A CHANGE IN THE PROBABILITY* OF THE FOLLOWING:



This figure shows that, *compared to an average Peruvian woman, adding one year of education will lead to a *decrease* in the probability of complications during and after pregnancy and an *increase* in modern contraceptive use and positive healthcare behaviors that improve maternal health. It also leads to an *increase* in cognitive skills, economic resources, and a woman's autonomy to make decisions about her own healthcare.

REFERENCE

Weitzman, A. (2017). The effects of women's education on maternal health: Evidence from Peru. *Social Science & Medicine* 180, 1-9.

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